

Time Commitment: At a minimum, you will be required to attend the full board meeting on the second Thursday of the month from 12:00 noon to 1:30 PM and twice a year whole-day planning retreat. Additionally, you will be asked to serve as RFP reviewer or rater, as needed. Including reading of materials, the time commitment requirement is estimated to be approximately five hours a month. Will you be able to make this time commitment for the duration of your term?

Indicate ☐ **yes** or ☐ **no**

Appointees to the King County Alcoholism and Substance Abuse Administrative Board may not be a staff or board member of agencies which are recipients of State or County alcohol or substance abuse funds because of the potential for conflict of interest. The King County Executive seeks diverse representation on the King County Alcoholism and Substance Abuse Administrative Board. Information in the following section will assist in achieving this goal. It is voluntary on your part. Thank you for your consideration. If you have any questions or would like additional information, please contact Rhoda A. Naguit, Confidential Secretary, at (206) 296-7623.

AFFIRMATIVE ACTION AND PERSONAL INFORMATION

Asian/Pacific Islander _____ Hispanic/Chicano/Latino _____ White _____

African American _____ Native American _____ Other _____

Date of birth: _____

Sex: ☐ (F) ☐ (M)

Person with disabilities? ☐ Yes ☐ No

What is your professional involvement? _____

How did you learn of this opportunity? _____

Languages spoken fluently _____

Please list four (4) personal and/or professional references:

Name/ Telephone Number(s) Personal or Professional

Address (including area code) Reference?

1. _____ (_____) _____

2. _____ (_____) _____

3. _____ (_____) _____

4. _____ (_____) _____

What specific areas of interest do you have in alcohol and substance abuse (check all that apply)?

_____ adult services

_____ children and youth services

_____ deaf and hearing impaired persons

_____ education

_____ elderly

_____ Ethnic minorities

_____ Housing

_____ Legislative advocacy

_____ Quality assurance

_____ Other _____

**APPLICATION FOR APPOINTMENT TO THE KING COUNTY
ALCOHOLISM AND SUBSTANCE ABUSE ADMINISTRATIVE BOARD**

Dear Interested Applicant:

Please fill out the following application and attach a cover letter addressing why you would like to serve on the King County Alcoholism and Substance Abuse Administrative Board. Please also attach your resume to the application and return to: Rhoda A. Naguit, Confidential Secretary, Treatment and Rehabilitation Services Section of the King County Mental Health, Chemical Abuse and Dependency Services Division, 700 Fifth Avenue, Suite #3800, Seattle, WA 98104-5038.

Name _____ Phone (____)_____ (Home)
(____)_____ (Work)

Business Address _____

Home Address _____

(Note: Please indicate your preferred mailing address with an asterisk *.)

King County Council District _____

Education _____

Present Employment or Activities _____

Employer (if applicable) _____

Membership on any city and/or county boards commissions, or committees, and dates of term _____

Have you had any involvement with persons who have problem with alcohol/substance abuse? ☐ Yes ☐ No

If yes, what has been your personal involvement? _____